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2014

# Adolescent Help-Seeking: The Promise of Text Counseling

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## Recommended Citation

Kuka, Danielle L., "Adolescent Help-Seeking: The Promise of Text Counseling" (2014). *Social Work Master's Clinical Research Papers*. 347.

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Adolescent Help-Seeking:  
The promise of text counseling

by

Danielle L. Kuka, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
Saint Paul, Minnesota  
Partial fulfillment of the Requirements for the Degree of  
Master of Social Work

Committee Members

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Traci Chur, MA

The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present their findings.

This project is neither a Master's thesis nor a dissertation.

### **Abstract**

This qualitative study addresses the need for additional approaches to reaching youth who are struggling with mental health issues. The paper describes common barriers to serving a youth population, especially in a time of crisis. It explores the use of text counseling as a therapeutic response to youth in crisis or distress. It discusses the use of empowerment theory when developing and implementing services for a youth population. The study concludes with a description and discussion of the common themes identified through an inductive secondary data analysis of 14 text counseling sessions. The findings from this study were consistent with previous research. First, adolescent girls between the ages of 14-17 years old were the most frequent texters in this study. Second, youth quickly and openly make intimate disclosures about their feelings and thoughts when using a text platform. Third, and perhaps most importantly, adolescents do reach out for help when they are feeling overwhelmed, distressed, self-destructive and suicidal. Ongoing research in this area has the potential to strengthen our understanding of how to best serve and respond to the mental health needs of adolescents. Ideas for future research in this area are suggested.

### **Acknowledgements**

I would like to thank my committee members, Ande Nesmith, Ph.D., LISW, Chris Barger, LICSW and Traci Chur, MA for the time and energy you have given to this project and me. Thank you for taking time out of your busy lives to help me move ahead in my academic and professional career. Ande, I especially appreciate the support and understanding you afforded me throughout this process.

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Texting has become the primary and preferred mode of communication among teenagers, surpassing all other forms of communication including cell talking, face-to-face talking, social network messaging, and instant messaging (Lenhart, 2012). The most appealing characteristics of text messaging to youth are: it is instantaneous, cheap, discreet, private, and not location dependent. These same characteristics make text messaging appealing to mental health providers who have long struggled to serve adolescent communities. Text messaging platforms provide youth easy access to help without the need to schedule an appointment, find transportation, use health insurance or pay out of pocket, consider conventional business hours or tell anyone else in their life what they are doing. The epidemic levels of untreated mental illness in adolescent groups demands additional approaches to reaching youth. Ongoing research in the area of text counseling has the potential to strengthen our understanding of how to best serve and respond to the mental health needs of adolescents.

Mental health disorders are the most common chronic conditions in pediatric health care today, constituting a national epidemic. In fact, one in five youth, more than 20% of the general population, have a diagnosable psychiatric disorder (Behrens, Lear & Price, 2013; Del Prado Lippman, 2010; Santor, Poulin, LeBlanc & Kusumakar, 2007; Saunders, Resnick, Hoberman & Blum, 1994; Sawyer, M., Sawyer, A. & La Greca, A., 2012; Sears, 2004). In a nationally representative sample of 13 to 17 year olds, one in three adolescents (32%) met criteria for an anxiety disorder and 11.7% met criteria for a mood disorder (Merikangas et al., 2010). Untreated mood disorders like depression, are a leading cause of suicidal thoughts and behavior. According to the Centers for Disease Control and Prevention (n.d.), suicide is the third leading cause of death among youth

ages 10-24. Still, efforts to improve care to youth with mental health issues have fallen short (Kelleher & Stevens, 2009). Several systemic barriers, such as disjointed service delivery, lack of available clinicians, and lack of funding for services, impede the delivery of mental health services to youth.

Despite epidemic levels of mental illness in the youth population, the United States' government at the federal, state, and local policy levels has failed to create service systems necessary to detect, assess and provide minimal help to youth with mental health needs. In addition to the absence of an integrated children's mental health service system, there are an inadequate number of adolescent psychiatrists and mental health professionals to serve all youth in need of help, a lack of education among youth-serving adults like teachers and coaches, inadequate funding and unequal access to healthcare. One possible reason for the stark lack of investment of time and money in adolescent service could be the way "youth" as a population have been socially constructed as a politically powerless population: mentally ill, deviant, adolescents, may explain the stark lack of research and professional intervention. Inadequate funding for services has created a system that can only afford to treat youth with symptoms severe enough to bring them to the attention of school, child welfare or juvenile justice systems (Behrens et al., 2013; Kelleher & Stevens, 2009). According to Bhatia and Bhatia (2007), over 70% of children and adolescents with depressive disorders or other mood disorders do not receive appropriate diagnosis and treatment "Much of the beneficial policy achieved by the powerless, negatively constructed target groups has been through court actions and court mandates to ensure their rights" (Schneider & Ingram, 1993, p. 338). Youth feeling

empowered to ask for help, or perhaps, demand, appropriate help, could affect the availability and delivery of such help.

This study will explore the nature of the current use of text messaging to provide text counseling and identify its strengths and weaknesses. The purpose is to increase understanding of text counseling by analyzing and interpreting the words of youth who have used a text counseling service. To accomplish this, text conversations will be reviewed, words will be coded and themes will be identified. The desired outcome is to interpret the experiences and perspectives of youth to better understand how youth ask for help during text counseling conversations and if youth feel “helped” by text counseling: What are the common themes that emerge from text counseling conversations? What does text counseling offer youth? Do youth consider text counseling to be “counseling”? How do youth describe the benefits and pitfalls of text counseling? Do youth consider themselves to be in “crisis”? An interpretation and discussion of identified themes will be offered within the context of empowerment practice.

The coded data will be used to describe text counseling and identify themes. Data is being gathered at the level of words. Language is the object to be understood because individuals create meaning within the context of relationships. “Relational processes are our means of generating a sense of how and who to be in the world” (McNamee, 2010, p. 258). In other words, meaning is made in relation with others and it is that meaning that generates the sense of reality and of being “real”. The description and themes will be interpreted and discussed within the framework of youth help seeking behaviors for mental health needs.



### **Literature Review**

This literature review will begin by discussing the help seeking behaviors of youth. Text counseling is a youth initiated process and therefore requires youth to actively seek help as a first step. Common barriers to youth seeking mental health services are geographic location, social stigma, reliance on an adult to obtain services, and discomfort with talking to a counselor face-to-face. Suicide and crisis hotlines have been effective services for adults but they have rarely been used by youth (Evans, Davidson, & Sicafuse, 2013). Barriers to proper treatment include geographic distance, the need for parental involvement, youth desire for self-determination, and the stigma associated with mental illness. The value and importance of texting during adolescence will be described followed by highlights of the most common uses of text messaging in health care. Finally, the use of texting in mental health will be explored along with a discussion of the benefits and drawbacks of text counseling.

### **Help Seeking Behaviors**

Understanding adolescent help-seeking behavior is important to the current research because text counseling is a youth initiated intervention. Counselors do not send text messages to any youth unless the youth has prompted an exchange by sending a message to the system. The effectiveness of a text counseling program is dependent on youth making the choice to seek help. In this way, text counseling draws on the criteria that service users have reported as the most effective aspect of text interventions, individualized messages and autonomy (Owens et al., 2010).

Help seeking is a process that begins with recognizing there is a problem, deciding that help is needed, and choosing or knowing who could be helpful. Most

research on youth help-seeking behavior compares youth who receive formal help to youth who do not receive any formal help. Since few youth seek help for mental health symptoms from formal mental health services, current research on help-seeking is not representative of most youth struggling with mental health issues. Little research exists on the processes and supports that lead youth to ask for help (Joyce & Weibelzahl, 2011). Santor et al., (2007) asserts that despite strong advocacy for school-based mental health services, to date, no studies have evaluated the effectiveness of school interventions to increase help-seeking behavior among students. Youth rationale for delaying or avoiding help seeking is similar to the general adult population: stigma, shame, lack of information about available services, desire to be self-sufficient.

External factors that lead youth to avoid help seeking include the cost of mental health services, availability of trained professionals, the cultural ideology of youths' family and community. Internal factors that lead youth to avoid help-seeking include stigma, shame, expectation of self-management, symptoms of mental illness itself such as constricted thinking or loss of reality testing in major depressive disorder (Bowers, Manion, Papadopoulos & Gauvreau, 2013; Joyce & Weibelzahl, 2011; Sawyer et al., 2012). The rate of help-seeking by youth does not appear to be affected by demographic distinctions such as race, ethnicity and socio-economic status (Barker & Adelman, 1994). However, according to Barker and Adelman (1994), gender does appear to be a predictor of help seeking. Females are more likely to utilize phone and text counseling services within this study's target site.

**Phone Counseling**

Phone counseling gained popularity among adults in the 1960s as a low cost and accessible way to reach people in a crisis (Watson, McDonald, & Pearce, 2006). In the 1970s and 80s, several evaluations of crisis phone counseling were undertaken (Apsler & Hoople, 1976; King, 1977; McCord & Packwood, 1973; Stein & Lambert, 1984). The results of the evaluations were inconclusive. There was no danger in phone counseling but it did not necessarily prevent suicides or stabilize functioning of callers. A study of crisis call lines in New York revealed that only 2% of calls came from adolescents (Gould, Greenberg, Munfakh, Kleinman & Lubell, 2006). The low use by youth is consistent with the call center affiliated with this study. Existing research on benefits of phone counseling consists almost exclusively of anecdotal information and self-assessments by phone counselors of their skill and effectiveness with callers. Today, despite little evidence of its efficacy, phone counseling continues to flourish and the service maintains a positive reputation as a critical community service (Gould et al., 2006).

Little research has been conducted in the area of suicide prevention and crisis intervention for youth populations. According to a meta-analysis published in 2013, 38 clinical controlled trials exist that examine the phenomena of suicidal self-harm. Only six systematic reviews have been published concerning “best practice” interventions for reducing suicidal self-harm behaviors in young people. And not a single study evaluated the actual effectiveness of the intervention in reducing suicidal self-harm (de Silva et al., 2013). All these failures contribute to the difficulty of caring for societies most vulnerable adolescents.

**Texting in Adolescent Life**

Cell phone ownership among 12-17 year olds has been steadily rising over the past several years in the United States (Lenhart, 2012; Lenhart, Ling, Campbell, & Purcell, 2010; Pierce, 2009; Perry et al., 2012). In 2004, about 45% of teens owned cell phones, but by 2011, more than 77% of teens owned cell phones. Cell phone ownership appears consistent across race and gender groups. Although teens from lower income families are slightly less likely to own cell phones than teens from higher earning families (Person et al., 2011). Eighty eight percent of teen cell phone owners send text messages (Lenhart, 2012).

The average American teen sends 60 texts a day or 1800 texts a month. Age and gender appear to be the best predictors of text behavior. Older teens, in general, text more frequently than younger teens and older teen girls, send more texts than older teen boys (Lenhart, 2012; Pierce, 2009). Girls 14-17 years old, send more than 100 text messages a day, or 3000 texts a month (Lenhart, 2012; Pierce, 2009; Underwood, Rosen, More, Ehrenreich & Gentsch, 2012). While there is little doubt that texting has become a major component of teenage life in recent years, little research has addressed the psychological, social and political role texting could play in the lives of American teenagers.

Underwood et al. (2012) described texting as:

A practice prized in adolescence because it is inexpensive, discreet even to the point of being subversive, can be done in many settings in which cell phone calling and internet communication are not possible, is more private from adults, and is a forum in which youths can play with slang and develop their own language for interaction (p. 295).

Youth say they get their social and emotional needs met through texting. Reid and Reid (2007) find that text messaging often facilitates deeper, more meaningful social relationships. They suggest that texting provides a platform whereby individuals can find meaning and identity because the anonymity of texting creates one's own image, without social pressures. Youth feel empowered via text to explore and practice expressing their authentic selves with someone else. The influences of cell phones and text messaging on adolescent life are enormous and can be studied from many different angles. For example, research could look at the effects of adolescent cell phone use on family communication, school achievement, personal identity, and healthy social skills development.

### **Texting in Healthcare**

Texting in healthcare is in its infancy and is therefore referred to as an emerging technology because it is not yet standard practice. Common clinical areas addressed via a text message service have been: smoking cessation, HIV/AIDS, diabetes, stress management, and new parent support. The desired outcome is to improve patient health through increased behavior change and compliance with doctor recommendations, improved patient management of chronic conditions such as diabetes and increased access to health information (Krishna et al., 2009; Person, Blain, Jiang, Rasmussen, & Stout, 2011). The single greatest benefit of technology-based services, like text messaging, is the ability to remove barriers to accessing help (June, Kim & Luxton, 2011). Text messages can occur in real-time, in any location, for little or no cost and

without appointment scheduling or intermediaries such as schedulers and insurance companies.

Text messaging within healthcare often takes the form of appointment reminders and automated health tips (June et al., 2011). However, research suggests that individuals of all ages are least positive about receiving ongoing reminders or daily tips (Harrison & Gilmore, 2012). The most successful programs have crafted individualized messages and avoided automated messages (Owens, et al., 2010). Adolescent and young adult patients have been the most receptive to receiving text messages from healthcare providers. Clinical areas addressed with younger patients have been sexual health promotion, parenting support for new moms, and management of aggressive behavior (Perry et al., 2012; Rajabi, Ghasemzadeh, Ashrafpouri, & Saadat, 2011). Reid and Reid (2007) found that individuals with anxiety preferred to text rather than voice call. It is unclear if texting creates a feeling of social isolation or if isolated individuals prefer electronic communication. Youth with social anxiety or panic disorder may seek help more often if they could access help without face-to-face interactions.

### **Texting in Community Crisis Intervention**

Text counseling within a crisis counseling program is a new field within the last 10 years of crisis and suicide prevention services. Twelve of the more than 160 crisis call centers in the United States now offer text counseling (Zumbach, 2013). Much like phone counseling, text counseling offers counselors the opportunity to help move ambivalent youth away from a hopeless desire to die and towards a positive desire to live (de Anda & Smith, 1993). Still, text counseling is considered an emerging practice because there is not a full body of research to support its use as an efficacious mental health intervention.

Two recent Meta-analyses concluded that the research that does already exist lacks the quality and rigor necessary to confirm efficacy (June et al., 2011; Martin et al., 2011).

“We need to find new ways to connect with them [adolescents] and help them with whatever they’re struggling with, or, in other words, meet them where they are in ways that make sense to them” (Pedersen, 2013). Texting provides space for youth to feel empowered by the help-seeking process because youth choose when and where to ask for help. Youth control the pace and content of conversations as well as, when a conversation ends. Haxell (2008) found a recurring theme of youth rejecting the idea of calling in to get further support. Young people often asked if they could please just text because they did not want to be heard. “The approach emphasizes young people making meaning and working through solutions for themselves, a focus central within youth development espousing empowerment” (Haxell, 2010, p. 406).

### **Conceptual Framework**

The theoretical approach employed in this study is empowerment theory. This theory will be used to guide the design, collection, and analysis of data. The research question and the main themes or concepts that emerge from the raw data will be filtered through the lens of empowerment theory. Empowerment theory as a concept is a framework for assessing and/or understanding the interconnections between personal circumstances and political realities (Miley, O’Melia, & DuBois, 2011). The complex concept has application in personal, interpersonal, and structural systems as a way to understand the societal distribution of power and resulting prejudices and oppression. Personal empowerment is one’s sense of control over their life; a feeling of competence, mastery, strength, and ability to effect change. Interpersonal empowerment is a sense of

working together in an interdependent way that assumes influence, partnership and respect between parties. Structural empowerment is a social or political group's sense of privilege, justice, and rights as citizens to access resources and opportunities in their environment (Miley et al., 2011, pp. 79-81).

This study will apply empowerment theory at all three levels to some degree. At the personal level, words youth use to describe presenting issues will be assessed for a sense of control and influence over their own lives. At the interpersonal level, words exchanged in conversation between youth and counselors will be assessed for a sense of partnership and working together. At the systems level, the processes and practices used to deliver text counseling will be assessed, briefly, for a sense of creating and expanding youths' ability to choose and access resources and opportunities in their environments.

Empowerment programs and empowering practices have gained widespread support over the past twenty years as a successful way to reach "at-risk" youth (Jennings et al., 2006). This practice "emphasizes redistribution of power given a perceived injustice embedded in inabilities of young people to exercise their own voice and influence in matters that affect them" (Morton & Montgomery, 2012). Several prevention and intervention programs in public health, child welfare, and education share a common underpinning of empowerment theory (Jennings et al., 2006; Kaplan, Stolnik & Turnbull, 2009; Mohajer & Ernest, 2009; Moody et al., 2003; Owens et al., 2010; Pearrow, 2008; Wong et al., 2010). Empowerment themes are also found in research projects that use a participatory action model (Morton & Montgomery, 2012; Owens et al., 2010).



Three of the most common empowerment models are the strengths perspective, the resiliency model and the asset development model (Moody et al., 2003). These models emphasize building and supporting resiliency, an inherent ability to bounce back from adversity. There is no consensus, however, on the kind of empowerment that is most important (personal, interpersonal, and structural) or how best to develop and deliver these programs. Jennings, Parra-Medina, Hilfinger Messias, and McLoughlin (2006) outlined six shared components of successful approaches to youth empowerment:

- A welcoming and safe environment;
- Meaningful participation and engagement;
- Equitable power-sharing between youth and adults;
- Engagement in critical reflection on interpersonal and sociopolitical processes;
- Participation in sociopolitical processes to effect change; and
- Integrated individual- and community-level empowerment

Progressive education involves collaboration between teachers and students. It expects students to be active learners rather than passively sitting in class absorbing a lecture. Taking ownership of their learning fosters an environment where students can be empowered to exert greater control over their learning so that they become more proactive, self-motivated learners (Cleary & Zimmerman, 2004). School based intervention programs that foster the development of empathy and active participation in the critical analysis of societal influences can bridge individual behavior change and group efforts for social change (Morton & Montgomery, 2012). Mentoring programs in education and community groups, support positive social bonding that can prevent youth

engagement in negative social activities. (Jennings et al., 2006). Additionally, engaging youth in health promotion supports positive health choices within a larger social context (Moody et al., 2003). Community organizing prepares youth for participation and involvement in solving real community problems and issues. This may take the form of youth-determined community service projects that address socioeconomic and public affairs of their community. Participatory research with community youth organizations may result in youth who are critical citizens, actively participating in the day-to-day building of stronger, more equitable communities (Pearrow, 2008).

### **Methods**

This study addressed the question, “What is the nature of the current use of text counseling and its strengths and weaknesses?” What are the common themes that emerge from text counseling conversations? How do youth describe the benefits of text counseling? How do youth describe the deficits of text counseling?

### **Design**

A qualitative method was used for this project not only because of its exploratory nature and its focus on words, images and descriptions (Berg, 2008), but also because of its emphasis to understand people, groups and organizations within the environment they inhabit (Monette, Sullivan, & DeJong, 2011). Content analysis, specifically, was chosen because this method uncovers descriptions and themes as they emerge from the data. The intent is not to examine and quantify the occurrence of researcher selected words or themes. Nor is the goal of this research to confirm or disconfirm pre-defined words or phrases. An interpretation and discussion of identified themes is offered within the context of empowering youth.

**Sample**

The archived text conversations from a single text counseling program within a crisis phone center were the subject of this study. Conversations initiated by youth younger than eleven years old, older than 22 years old or without an identified age were eliminated from eligibility. Twelve days, one from each of the twelve months of 2012 was used to collect archived text conversations for analysis. Texts that did not evolve beyond the opt-in key word were not considered for analysis.

**Protection of Human Subjects**

This study underwent a review and approval process from the University of St. Thomas Institutional Review Board prior to any data retrieval. Prior to review of the raw data, a letter of agency support was obtained from the nonprofit agency participating. All identifying information was removed from transcripts to protect user identity and confidentiality. The study has no known risks to text users. Text users did not directly benefit from this study. The transcripts and all created records for this study remained onsite at the participating agency's office. Research records were kept in a locked file and digital data was stored in a password-protected file at the agency. Transcripts will be destroyed according to confidentiality protocol by June 1, 2014. Findings will be presented in a published terminal research paper and a public presentation at the University of St. Thomas.

**Data Analysis**

The raw data were examined and interpreted using a content analysis process. Berg (2009) states "content analysis is a careful, detailed, systemic examination and interpretation of a particular body of material in an effort to identify patterns, themes,

biases, and meanings” (p.338). Open coding was used to deduct themes from the transcriptions. Recurring content was grouped by categories and themes as they emerged from the transcripts. The desired outcome was to use the words of youth to better understand how youth ask for help during text counseling conversations and if youth feel “helped” by text counseling.

### Findings

This study was conducted using transcribed text conversations from 14 text sessions with 13 different adolescent texters. Transcribed conversations were 66 pages long. Fifty four percent (7) of texters were between the ages of 14-17 years old (see Fig. 1). Three texters were between the ages of 18-20 years old and the other three texters were between the ages of 12-13 years old. More text sessions occurred with 14-15 year olds (46%) than with any other age group. Eleven of the 13 texters were female. The remaining two texters included one male and one gender unknown. There were nine repeat texters and four first-time texters. The length of text sessions ranged from 26-205 minutes with an average text session lasting 72 minutes.

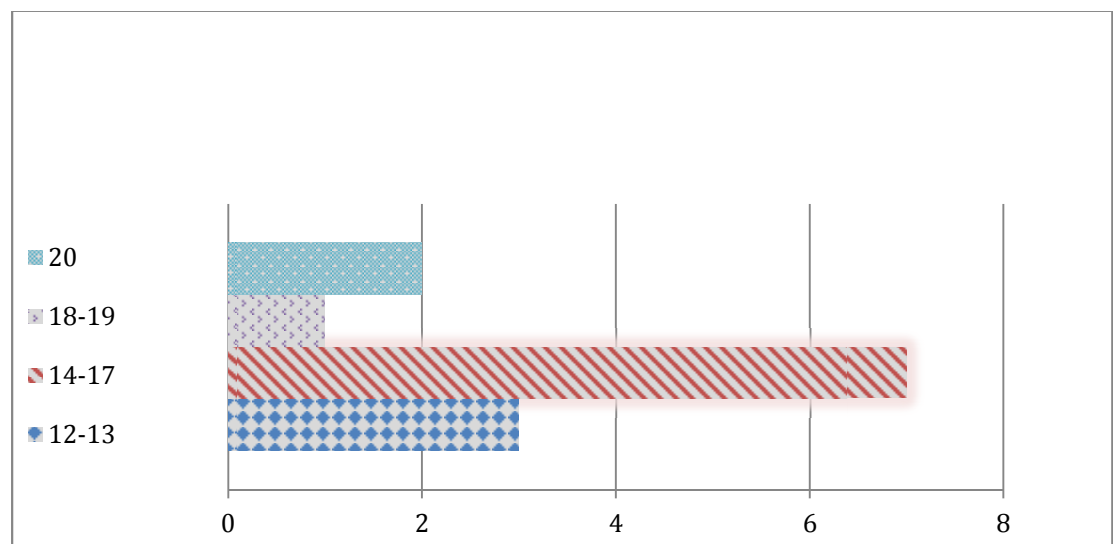


Figure 1. Distribution of Age in Years (N=13)

Females between the ages of 14-17 years old initiated 50% of the text sessions used in this study suggesting to the researcher compatibility between trends in the broader youth texting population and the trends found within this study sample. Lenhart (2012) found that females between the ages of 14-17 texted more often than any other group. The findings of this study parallel those of the literature review, suggesting that youth feel empowered by the SMS text platform as a means to seek help during an emotional crisis (Reid and Reid 2007; Harrison and Gilmore, 2012). If the largest barrier to offering mental health services to youth is that youth do not ask for help, text counseling may have overcome that barrier. Youth are asking for help by texting into the counseling service. The interpersonal process, the relationship occurring between counselor and texter, is the space where texter's can become open to change or doing something different. Providing a corrective emotional experience can give texter's the impetus to seek further help. Teyber and McClure (2010) define a corrective emotional experience as an interpersonal process that demonstrates to the client, in this case a texter, that some relationships can be different and do not have to follow the same familiar but problematic lines they have come to expect.

Texting creates a feeling of being connected to another person and reduces loneliness. According to Lenhart (2012) there appears to be a positive correlation between texting and face-to-face contact among youth. Lenhart's research does indicate that youth who text most frequently tend to report more social interactions, community involvement, and face-to-face contact than youth who text less.

Two primary categories emerged from the transcripts: the structure of conversations and the content of conversations. Structure refers to the process by which a text conversation unfolds in real time with attention to own unspoken rules or norms related to beginnings, endings and the timing/pacing of an exchange. Content refers to the topics, thoughts and feelings disclosed by texters. Several themes and sub-themes emerged from these two categories.

### **Structure of Conversations**

**Openings.** The first theme refers to the start of a text session. The start of text sessions followed a predictable pattern in all conversations. One hundred percent of the openings began with an immediate self-disclosure of thoughts, feelings or state of mind. The timing of disclosures was immediate and sometimes without prompting. The urgency of the feelings could be defined as a crisis. At the target site, crisis is defined as an event or situation that exceeds an individual's perceived or actual resources and coping skills. Most openings (12) occurred after a counselor greeting. However, two of the 14 openings occurred prior to a usual counselor greeting. Fifty percent of the openings revealed a heightened state of hopelessness or overt suicidal and homicidal thoughts. Only one opening included a standard or customary greeting ("Hi"). Youth appear to openly state their current crisis states without hesitation. Research by Underwood et al., (2012) showed that youth text openly and honestly with friends even when they knew researchers were monitoring their conversations. Perhaps the anonymity and hidden nature of texting explains the honest and direct nature of texter statements.

The quotes in Table 1 highlight the immediate disclosure theme that emerged from the category openings. The timing and felt urgency of a disclosure are illustrated as sub-themes.

**Table 1. Openings**

<b>Immediate Disclosure: Crisis State/Safety Risk</b>	<i>"It'd be easier" *</i> <i>"I'm so fucking mad I hate everyone I hope everyone dies" *</i> <i>"I don't know what to do anymore"</i> <i>"I'm super stressed...I can't handle it"</i> <i>"I really don't want to be here anymore..."</i> <i>"I have been thinking about suicide"</i> <i>"I feel like killing myself"</i>
<b>Immediate Disclosure: Feelings or Concerns</b>	<i>"I feel very depressed and alone right now"</i> <i>"I'm deciding whether to transfer schools or not"</i> <i>"Well I have a problem"</i> <i>"I'm confused"</i> <i>"Hi. I'm worried about my friend Jake."</i> <i>"I had a friend tell me about you &amp; I've been having troubles at my dad and stepmom's for years now"</i> <i>"I just wanted to check in let you guys know that I am doing better not to worry about me. And ask a question."</i>  <i>* Disclosed before a counselor greeting</i>

**Closings.** The second theme refers to the end of a text session. Two predictable patterns emerged from analysis of text session closings. The first pattern is that a youth who felt they had been “helped” and were experiencing an improved mood thanked the text counselor at the close of a text session. Eight out of 14 conversations (57%) ended

with a texter thanking the counselor for help, ideas, and/or their time. This suggests texters felt they had received the help they needed, their mood had improved and ending the conversation was a natural progression of the text session. Youth augmented their “thanks for the help” endings with smiley faces. The second pattern is that youth ended sessions abruptly due to an external force such as “bedtime” or feeling too tired to continue. Who felt unable to resolve their concerns within the text session, ended the conversation before a natural progression could occur. Three (21%) text sessions ended when the youth stated they were going to bed. The other three sessions ended without any closing words from the texter. The closing was indicated by non-responsiveness; In other words, the texter stopped sending messages. None of the conversations ended with a customary closing like “goodbye.”

The following quotes highlight the themes natural ending and forced ending that emerged from the category closings. As with openings, the timing and felt mood of an ending are illustrated as sub-themes. Specifically, youth with natural endings also demonstrated improved mood by inserting smiley faces, exclamations of “thanks” and stating they felt supported. Youth with forced endings may have become frustrated or exhausted by the problem-solving process. One texter thanked the counselor for “the ideas” but without the smiley faces or exclamation marks presented in the natural endings.



**Table 2. Closings**

<b>Natural Ending: Improved Affect</b>	<i>"Yes. Night"</i> <i>"Ok. Thanks!"</i> <i>"thank u..."</i> <i>"I really don't have anything more. Thank you for helping"</i> <i>"You too! Thanks ☺"</i> <i>"Ok thanks for all the help."</i> <i>"Ok thanks so much"</i> <i>"ok. Thanks for the support. I appreciate it. ☺ I will text in when I need to. Thanks ☺"</i>
<b>Forced Ending: External Excuse</b>	<i>"I need to go to sleep I'll contact this number again tomorrow when I'm done with work....thank you for the ideas"</i> <i>"But I must sleep. "I'll text back another time"</i> <i>"Alright well I think I'm gonna go to bed. I have an early morning tomorrow"</i>

### Content of Conversations

Interpersonal or intrapersonal problems accounted for 86% of all presenting issues expressed by youth in text sessions. Half (7) of the text sessions included conversations about relationships with family, friends or school peers (see Table 3). Five youth (36%) expressed self-harm urges or suicidal ideation. These statements demonstrated a loss of hope that life can get better or that feelings of self-hate and worthlessness could dissipate. Additional content of conversations worth noting include the use of texting as a coping strategy of distract from thoughts of self-harm and suicidal ideation, to reduce feelings of loneliness, and as an adjunct or alternative to face-to-face psychotherapy.

**Table 3. Content**

<p><b>Interpersonal:</b> <b>Family, Friends &amp; School</b></p>	<p><i>"my mom constantly puts her ahead of me and doesn't care about the fact I hate her friend. She doesn't care or take me seriously. I am forced to just take how she acts."</i></p> <p><i>"I got in a fight with my stepdad"</i></p> <p><i>"My parents dont give a damn about me"</i></p> <p><i>"that's the thing... i dont know how to tell my parents"</i></p> <p><i>"Girl drama it's all so bad ☹ and its too hard to deal with it all"</i></p> <p><i>"right now I feel like they hate me" (friends from summer camp)</i></p> <p><i>"i hate school this year so far has been horrible ☹"</i></p>
<p><b>Intrapersonal:</b> <b>Self harm/Suicidal ideation</b></p>	<p><i>"I tend to cut ..."</i></p> <p><i>"I was gonna over dose but I'm scared so I cut myself a lot"</i></p> <p><i>"I have been thinking about suicide"</i></p> <p><i>"I don't think there is any fixing how I feel ... I think I'll be better off"</i></p> <p><i>"Am I crazy if I sometimes if I sometimes think suicide would be so much better"</i></p>

Seven youth in this study revealed they had familiarity with traditional psychotherapy. Two of the seven youth reported negative past experiences with face-to-face individual therapy as their reason for rejecting a counselor recommendation. Four youth reported current involvement with a therapist and were looking for additional support between face-to-face sessions. One youth reported hesitance and minimized her need for a therapist. This is the same youth who texted the program twice in one day, resulting in two transcripts being included in this study's analysis. This texter may demonstrate the findings reported by Gould et al., (2006) that youth who are most in need of therapeutic intervention are the least likely to recognize how serious their situation is due to constricted thinking or other common effects of the mental illness itself.

The following quotes demonstrate youths' experiences or response to traditional counseling or therapy:

*"Used to [attend therapy]. Did not feel comfortable going"*

*"Not good. I'm not in it [therapy] anymore"*

*"I don't know what to say...you really think it's best to" [speak with a therapist]*

*"I am going to one but I have such a hard time talking to her because I would start crying and I can't cry in front of people"*

*"I think he sees one [therapist] already"*

*"...and I have a therapist" [part of her support system]*

*"Yes. They do" [therapists can be helpful with keeping us emotionally healthy]*

Words used by youth to describe presenting issues were assessed for a sense of control and influence over their own lives. Here are two examples of a youth using text counseling as a coping strategy to distract from thoughts and feelings:

*“[distract] from just thinking too much. I tend to escalate things in my brain. Then I get to a really depressed spot. Sometimes music can help that.”*

*"I don't want to call because I don't like talking to anyone...when I text I don't feel so bad.”*

The following quote is an example of texting to feel seen and heard:

*“I was diagnosed with depression a long time ago and they never put me on anything and it's getting worse. My anxiety is getting really bad I'm having nightmares and how badly I fight with my step dad doesn't help. I can put on a happy face for very one but it's almost never real. I told my mom I was suicidal in the past but didn't tell her that I still think about it....”*

The following exchange demonstrates the interpersonal relationship building that occurs during text counseling:

*Texter: do y'all get tired of me texting y'all...*

*Counselor: not at all...we just want you to be safe ☺*

*Texter: I'm just glad someone cares I know nobody here does...*

### **Discussion**

The sample used in this study mirrors the key demographics outlined in the literature (Lenhart, 2012; Lenhart, Ling, Campbell, & Purcell, 2010; Pierce, 2009; Perry et al., 2012). Lenhart (2012) found that females between the ages of 14-17 texted more often than any other group. A girl between the ages of 14-17 years old initiated 50% of

the text sessions used in this study suggesting to the researcher compatibility between trends in the broader youth texting population and the trends found within this study sample.

The content of conversations was compatible with previous findings that youth use text counseling when they are experiencing a crisis related to intrapersonal and interpersonal relationships at home and school. Youth asked for help dealing with fights with friends and parents or with their own thoughts of self-hate. Both the literature review (Harrison and Gilmore, 2012; Underwood et al., 2012; Reed and Reed, 2007) and findings of this study support the suggestion that the anonymity of the texting platform, frees youth to speak openly and honestly about their feelings and experiences. Youth in this study did not appear to be censoring themselves in any way for the benefit of the text counselor. No single conversation required small talk or rapport building before a youth was willing to share an intimate feeling or thought. Honest statements provide uncensored feedback to counselors about their ability to connect with youth and whether their approach was received positively, negatively or some combination of the two.

Assuming youth are aware that they are texting a counseling line; openings are the place to discover how youth texters ask for help. Openings are defined here as the beginning of a conversation or language exchange whether in person, on the phone or by text message. In this study, openings are the first statements made by a texter when initiating a text counseling session. For example, most spoken and written communication begins with a contextually appropriate, customary greeting such as hello. None of the transcripts included an opening with the words “can you help me?” or “I need help”. Text conversations start with openings unlike typical phone conversations.

Openings reveal the reason why a youth is texting into the line for help and pacing may reveal the level of distress a texter is experiencing in the moment, perhaps the impetus to send a text to the line, but these statements do not prove to be accurate measures of overall functioning or suicide risk. What youth may define as a crisis is not necessarily what adult counselors would consider a crisis. Two of the 14 openings disclosed strong feelings faster than the counselor could send the standard greeting of “how can I help you today?” or “What has you texting in tonight?” This fast pace may indicate the level of distress or need for contact the youth is experiencing when they initiate a text session. Still, usually by the end of a text session youth say they are fine now or “gotta go”. Though these dialectical feelings may appear inconsistent, perhaps it points to the nature of crisis in adolescent life or to the nature of adolescence in general. Feelings and thoughts change quickly and frequently. Youth are prone to impulsive decision-making with little thought of consequences.

Text counseling uses a media platform, SMS text messaging that is inherently empowering to users. The youth and their needs drive every aspect of a text counseling session. Youth are in charge of initiating and ending text sessions, as well as the pacing and content of text conversations. If a youth wants to talk to a text counselor, they initiate contact by messaging into the program. If a youth does not want to answer a question, they can easily ignore the question by becoming unresponsive or by moving on to another topic. When a youth no longer wants to engage in text counseling, they can text the word “stop” to be immediately removed or “opted out” of the text service. Texters can also stop responding to a text counselor at anytime or state “I gotta go” without explanation or consequence. The processes and practices used to deliver text counseling create and

expand youths' ability to choose and access resources and opportunities in their environments. In particular, youth can choose when and how to access mental health services. Text counseling can provide help to youth while supporting a sense of control and influence over their lives.

Another indicator that text counseling promotes empowerment is the sense of partnership and working together that emerged from the transcripts. One youth made a statement that no one listened or took the youth serious but the text counselor. When the counselor provided supportive listening and demonstrated understanding, the youth felt seen and heard. Text sessions provided support and a feeling of connection for youth users. Text sessions also provided an opportunity for counselors to respond to texters in a different way offering texters a corrective emotional experience. A different response may provide a safe space for the texter to consider the idea that things can be different; there is a reason to be hopeful.

### **Strengths and Limitations**

This research has both strengths and limitations to its design. The strongest aspect of this study is that the raw data are the uncensored words of youth texters. To this researcher's knowledge, this is the first content analysis of text counseling in the United States. This study adds youth voices to the limited body of knowledge on text counseling.

Findings of this study cannot be generalized to all youth in crisis because of the qualitative nature of this study and the small sample size. The sample size of 14 transcripts was small due to the exploratory nature of the study. The study highlighted the perspective of youth who initiated contact with a single text counseling service. A more diverse sample in terms of gender and geographic location would increase the strength of

this study. This study excluded youth who did not have access to a cell phone with texting capabilities or they have financial limits on the amount of texting available to them. Youth younger than 11 years old and older than 24 years old were not included in this study. The retrospective nature does not provide an opportunity for the researcher to clarify youth statements or pose specific questions to youth.

### **Implications and Conclusion**

Community resources for youth in crisis are both scarce and underutilized by this population. Findings of this study indicate that text messaging is a modality youth readily use when feeling overwhelmed. Social workers should consider how and when it is appropriate to incorporate electronic, technology-based tools into their work with adolescents. The empowering structure of the SMS text platform is congruent with social work values of meeting a client where they are defining an interaction in a collaborative spirit where client's views are as important as the social worker's views. Additionally, social workers involved in community organizing and other macro level efforts, may find text messaging a useful tool for connecting youth with one another and advocating for increased visibility of a youth population.

The purpose of this study was to increase understanding of the way youth, ages 11-22 have used text counseling. This study aimed to gather qualitative data to add to the emerging field of text counseling. Findings from this study indicate youth do in fact want professional help when they are in crisis. The findings also counter the long held belief that youth do not ask for help and demonstrate how youth ask for help. In addition to larger content analysis studies, focus groups with youth users would allow youth to interpret their own words and further explain how they were helped by text counseling. It



would be beneficial to future researchers if the system used to exchange and store SMS text messages allowed for easy sorting and locating of transcripts. This research suggests the SMS text platform may offer a promising approach for supporting youth in crisis. As the number of youth accessing text counseling services continues to rise, qualitative and quantitative research on the benefits and limitations of text counseling are greatly needed.

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